

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038404

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3006
 FILED OCT 10 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59
1 4000
2 4000
3
4 1
5 0
6
7 0
8 2
9 4200
10
11
12 86-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 3 years		c. CITY OR TOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Villa Gesu		d. STREET ADDRESS (If outside, give location) 11755 Riverview Dr.	
3. NAME OF DECEASED (Type or print) Sister Mary Cordia Nacke		4. DATE OF DEATH Month September Day 27 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/27/1888
9. AGE (last birthday) 74 years		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY religious	11. BIRTHPLACE (City and state or country) St. Charles, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Joseph Nacke	
13b. MOTHER'S MAIDEN NAME Wilhelmina Billing		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Sister M. Nicoletta - 11755 Riverview Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerosis heart disease 4:00 DUE TO (b) Hypertension not severe 4:44 DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 6 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-1-60 to 9-27-63 and last saw her alive on 9-24-63 . Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS 832176 Broadway (L1347)	
22c. DATE SIGNED 9-27-63		22d. LOCATION (City, town, or county) (State) St. Louis Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Sept 30, 1963	
23c. NAME OF CEMETERY OR CREMATORY Villa Gesu		23d. LOCATION (City, town, or county) (State) St. Louis Missouri	
24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant Ave		25. DATE RECD. BY LOCAL REG. 9-28-63	
26. REGISTRAR'S SIGNATURE [Signature]			

USE BLACK INK OR TYPEWRITER RIBBON

St. Louis

Missouri

St. Louis

3 years

Missouri River Dr.

Missouri

September 27 1903

Sister Mary Cordia Macke

2/27/1888 24 years

female white

St. Charles, Missouri, U. S. A.

religious

housekeeper

Alphina Balling

Joseph Macke

Sister M. Macolotta - Missouri River Dr.

None

No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter Buehler

Licensed Embalmer No. 4557

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Missouri

St. Louis

Missouri Sept 30 1903

Missouri

BURIAL HOME - 2001 W. FLORENCE AVE